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Contact: CMS Office of Public Affairs
(202) 690-6145

2008 Open Enrollment for Medicare Part D Prescription Drug Coverage and Medicare Advantage Plans Begins Today
Campaign Features Major Outreach to Beneficiaries Eligible for Low Income Subsidies, Enhanced Publications and Online Tools

The U.S. Department of Health and Human Services (HHS) announced that, beginning today, Medicare beneficiaries will be able to begin making enrollment changes in their health and prescription drug coverage for 2008, if necessary. The Medicare annual Open Enrollment Period for prescription drug plan runs from Nov. 15 through Dec. 31, 2007.

In addition, for Medicare Advantage (MA) plans only, beneficiaries can make one change in enrollment -- enrolling in a new plan, changing plans or canceling a plan -- between Jan. 1 and March 31, 2008.

“Now is the time for beneficiaries to prepare and compare their health and prescription drug coverage options and choose the plan that best meets their needs,” HHS Secretary Mike Leavitt said. “We intend to keep building on the success the program has achieved thus far. The most recent satisfaction rate stands at 86 percent; the estimated average premium is 40 percent lower than originally estimated and total estimated costs are running \$188 billion below initial projections. Part D is a program that is working well and is helping Medicare beneficiaries with their prescription drug costs.”

HHS’ Centers for Medicare and Medicaid Services (CMS) encourages all beneficiaries to act soon to compare their current plan with other plan options. If they are satisfied with their current plan, they do not need to do anything in order to maintain coverage. CMS wants eligible beneficiaries who do not have prescription drug coverage to know that, if they wait, they may pay a penalty on their premium.

Beneficiaries are encouraged to review their prescriptions and other health needs when assessing the plan options described in the “Medicare & You” handbook or on www.medicare.gov. In addition, CMS recommends that beneficiaries gather any Medicare or Social Security mailings they received and materials made available by local counselors to use as a reference when speaking with a 1-800-Medicare representative or entering information on www.medicare.gov.

CMS also encourages people to take advantage of the enhanced online Medicare Prescription Drug Plan Finder options available on www.medicare.gov. This feature offers information on available drug plans, including out-of-pocket costs and pharmacy networks. The enhanced online Medicare Prescription Drug Plan Finder and Medicare Options Compare tools enable beneficiaries to compare drug plan options for prescription drug plans and Medicare Advantage plans in their area. CMS continues to refine its educational tools, so beneficiaries will find it easier to locate information about available health and drug plans.

Starting today, www.medicare.gov also provides beneficiaries with the five-star ratings of the quality and performance of plans that offer Part C and Part D services. The plan ratings are intended to help people with Medicare choose an MA plan, a Medicare Advantage Prescription Drug Plan (MA-PDP), or a stand-alone Prescription Drug Plan (PDP) by combining cost and coverage information with quality and performance information. CMS also uses the plan ratings for oversight and monitoring purposes to ensure plan quality. Part C (Medicare Advantage) health plans are rated on criteria such as their providing timely information and care and managing chronic conditions. Part D (prescription drug plans) plans are rated on criteria such as customer service and providing drug pricing information.

The 2008 “Medicare & You” handbook, mailed to beneficiaries in October, includes tips on selecting a plan and an overview of plan options. Beneficiaries already enrolled in a Part D plan will also receive an Annual Notice of Change describing any changes in the benefits of their current drug plan. Beneficiaries without Web access can get the same information provided by the online personalized plan comparison tools by calling 1-800-MEDICARE, visiting their local State Health Insurance Assistance Program (SHIP) office for free personalized counseling, or by attending one of the local enrollment events taking place across the country now through Dec. 31, 2007.

The 2007 Medicare bus tour, Working Together for Better Health, is touring 180 cities across the country from Oct. 2 through Dec...31, joining community efforts and hundreds of partners nationwide to assist Medicare beneficiaries with their health and prescription drug plan options. The initiative features educational materials that are easy to understand and geared towards specific minority groups. Outreach messages will target African American, Hispanic, Asian American Pacific Islander and Tribal communities. Information and applications are also available in English, Spanish, Chinese, Korean and Vietnamese.

Another focus for this year’s open enrollment period involves signing up beneficiaries eligible for extra help, known as the Low Income Subsidy (LIS), to pay for their drugs. By providing information and enrollment assistance, CMS will encourage them to apply for the extra help and enroll in Part D. For those LIS-eligible Medicare beneficiaries who may not have enrolled in part D in the past, CMS has announced that it is once again waiving the fee for late enrollment to make it easier to get these individuals the extra help they need. CMS is targeting ZIP codes where Census figures indicate numerous LIS-eligible beneficiaries reside. Educational information will be provided through print materials, radio and Internet banner ads. In addition, CMS partners including the SHIPs, Area Agencies on Aging and local community providers will be reaching out to beneficiaries and helping with enrollment.

“Medicare is working hard to reach people where they live, work, play and pray,” said CMS Acting Administrator Kerry Weems. “We want to ensure that the benefits provided by Medicare are available to all eligible beneficiaries, especially those who qualify for and need the extra help. This benefit is not only about providing affordable prescription drug coverage; it’s also about promoting better health. For millions of beneficiaries, prescription drug coverage is a critical component in maintaining a healthy lifestyle.”

More than 90 percent of beneficiaries in a stand-alone Part D prescription drug plan will have access to at least one plan in 2008 with premiums lower than they are paying this year. Beneficiaries in every state will have access to at least one prescription drug plan with premiums of less than \$20 a

month, and a choice of at least five plans with premiums of less than \$25 a month. The national average monthly premium for the basic standard benefit is expected to average \$25, far below the original estimate for 2008 of \$41.

“This is an important time for beneficiaries to review their current coverage and make a decision that will give them peace of mind for the rest of the year. We encourage everyone to make a decision by early December, to ensure a smoother transition into the Part D benefit,” said Weems.

To view ratings of the quality and performance of plans offered under Part C and Part D Services, the “Plan Finder” is available at www.medicare.gov/MPDPF and the “Medicare Options Compare” is located at: www.medicare.gov/MPPF.

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.